

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3000AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2009
NAME OF PROVIDER OR SUPPLIER ABERDEEN VILLA OF PEARBERRY		STREET ADDRESS, CITY, STATE, ZIP CODE 487 PEARBERRY AVE LAS VEGAS, NV 89123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/24/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 6/24/09, the facility failed to ensure 2 of 3 employees had	Y 105		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 background checks completed (Employee #2 her fingerprints and background check expired, and Employee #3 does not have evidence of a state or FBI check). Severity: 2 Scope: 3	Y 105			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation and record review on 6/24/09, the facility failed to date the posted menu and keep on file for 90 days. Severity: 1 Scope: 3	Y 272			
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation and record review on 6/24/09, the facility failed document substitutions	Y 274			

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Y 274	Continued From page 2 on the menu and keep on file for 90 days. (Caregiver failed to follow the posted menu for 3 of 3 meals.) Severity: 1 Scope: 3	Y 274			
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 6/24/09, the facility failed to ensure a first aid kit was available. Severity: 2 Scope: 3	Y 451			
Y 626 SS=D	449.2702(6)(b)(1,2,&3) Restraint Definition	Y 626			

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Y 626	Continued From page 3 NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. This Regulation is not met as evidenced by: Based on observation on 6/24/09, the facility to ensure 1 of 4 resident's beds were not equipped with full bed rails. Severity: 2 Scope: 1	Y 626		
Y 885 SS=F	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of	Y 885		

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Y 920	Continued From page 5 This Regulation is not met as evidenced by: Based on observation on 6/24/09, the facility failed to keep medications for 2 of 2 residents in a locked area (Resident #1 one prescription medication and six over the counter medications, and #3 one prescription medication and one over the counter medication). Severity: 2 Scope: 2	Y 920			
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation on 6/24/09, the facility failed to ensure the facility was equipped with door alarms on all exit doors to the facility. One of three exits did not have a working alarm. The door leading from the laundry into the garage did not sound when opened, and the garage door was not closed. Severity: 2 Scope: 3	Y 991			
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff	Y 992			

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Y 992	Continued From page 6 NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on interview and record review on 6/24/09, the facility failed to ensure a caregiver was awake and on duty at all times. Severity: 2 Scope: 3	Y 992			
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 6/24/09, the facility failed to ensure knives and razors were inaccessible to the residents. Unsecured knives were found under the sink in the kitchen and in an unlocked drawer. Unsecured razors were located in the master bathroom drawers and in	Y 994			

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Y 994	Continued From page 7 bathroom next to bedroom #3. Severity: 2 Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 6/24/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In the bathroom next to bedroom #3 Lysol disinfectant spray, toilet bowl cleaner, carpet cleaner, and Calmoseptine ointment were found in the unlocked cabinet under the sink. Severity: 2 Scope: 3	Y 999		
Y1035 SS=E	449.2768(1)(a)(1) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without	Y1035		

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Y1035	<p>Continued From page 8</p> <p>limitation, dementia caused by Alzheimer zs disease, successfully completes:</p> <p>(1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer zs disease, and providing support for the members of the resident zs family.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/24/09, the facility failed to ensure a minimum of 2 hours of dementia training was received within 60 days of hire, and at least 3 hours of dementia training each additional year by #1 of #3 employees (Employee #3).</p> <p>Severity: 2 Scope: 2</p>	Y1035			

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